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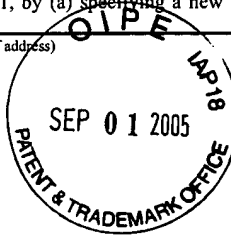
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33717 7590 08/10/2005

**GREENBERG TRAURIG LLP**  
**2450 COLORADO AVENUE, SUITE 400E**  
**SANTA MONICA, CA 90404**

09/06/2005 JBALINAE 00000066 502638 10737039

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Dorothy L. Chambers (Depositor's name)

Dorothy L. Chambers (Signature)

September 1, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/737,039	12/14/2003	James Jong Lee	PLFPC031119	4759

TITLE OF INVENTION: NOVEL ENHANCED SHOELACES FOR MAINTAINING TENSION WITH NEW PROCESS FOR MANUFACTURING AND PRODUCTS THEREBY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	11/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SANDY, ROBERT JOHN	3677	024-715400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Peter Jon Gluck  
 2 Greenberg Traurig LLP  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Trion Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Paramount, California 90723

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2638 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Peter Jon Gluck

Date

Registration No.

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